Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans

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The following information is intended to provide Guidance for implementing infection control measures in dental settings that use portable dental equipment. This information does not reflect the official views of CDC nor should this information be construed as CDC recommendations or guidelines.
Objectives

- Discuss challenges in implementing IC practices in portable and mobile dental settings
- Review a draft Infection Control site assessment tool
- Receive feedback from participants about:
  - Content
  - Format
  - Dissemination strategies
Introduction and Background

Many community and school-based dental programs use portable dental equipment or mobile vans. They provide services in various environments where resources are limited. There is a need for guidance for implementing and developing “best practices” for infection control.
Types of Settings

Schools
Homes/homebound
Residential facilities:
- Nursing homes,
- Homeless shelters,
- Correctional facilities
Emergency/disaster relief

Community settings
- Churches
- YMCA
- Community centers

Community event sites
- Health fairs
- Special Olympics
Settings Using Portable Equipment
Mobile Van
Populations Served

- Children
- Adults
- Elderly
- Homebound
- Nursing home
- Homeless
- Migrant workers
- Disabled
- Incarcerated persons
Goal of infection control:

- Prevent healthcare –associated infections among patients
- Prevent injuries and illnesses among HCP

Implement CDC IC Guidelines and develop IC best practices to break the chain of infection

Safe, Efficient, and Effective Infection Control
Evidence-Based
Best Practices
… the recommended infection control practices are applicable to all settings in which dental treatment is provided.”
Dental infection control recommendations from the Centers for Disease Control and Prevention (CDC) apply to all settings where dental services are provided, including those that use portable dental equipment or mobile van systems. Such settings often present challenges in implementing these guidelines.
History

Phase 1 - Jennifer Cleveland and Kathy Eklund with a small working group in Boston developed Draft Infection Control Considerations for settings using portable dental equipment

Phase 2 – Presentation of Draft Considerations
  - 2008 NOHC
  - 2008 OSAP
  - Others
Current:

2009 The Organization for Safety and Asepsis Procedures (OSAP) formed a national advisory group to develop a practical community site assessment and corresponding infection control and safety checklists.

Checklists offer infection control guidance for
- oral health surveys,
- screenings,
- preventive care
- treatment.
The *Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment* is organized around

- level of anticipated contact with mucous membranes, blood or saliva contaminated with blood
- 4 Basic Principles of Minimizing Transmission of Bloodborne and other Infectious Diseases
Infection Prevention and Control
Standard Precautions

STANDARD PRECAUTIONS: Standard precautions now apply to non-intact skin, mucous membranes, blood, all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood. These general methods of infection prevention are indicated for all patients and are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
Standard Precautions

- Apply to all patients
- Integrate and expand Universal Precautions to include organisms spread by blood and also
  - Body fluids, secretions, and excretions except sweat, whether or not they contain blood
  - Non-intact (broken) skin
  - Mucous membranes
Transmission Based Precautions
Standard Precautions
+
Disease/Infection specific....
MRSA Transmission

Healthcare–associated infections

Community Acquired Infections
MRSA and Dental Healthcare Settings

Risk of MRSA transmission is lower in dental healthcare settings than in chronic and acute care hospitals.

Standard Precautions combined with other selected measures are recommended.

Mad Cow?

Swine Flu?
Principle 1
Take Action to Stay Healthy

Principle 2
Avoid Contact with Blood & OPIM

Principle 3
Make Objects Safe for Use

Principle 4
Limit the Spread of Contamination
Immunizations
- Hepatitis B Vaccine
- Annual Influenza
- Hand hygiene
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations in Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1-2 months after dose #3</td>
</tr>
<tr>
<td>Seasonal and Influenza A (H1N1)</td>
<td>Give 1 dose of TIV or LAIV annually. Give TIV intramuscularly or LAIV intranasally.</td>
</tr>
<tr>
<td>MMR</td>
<td>HCP born in 1957 or later without evidence of immunity or prior vaccination, give 2 doses MMR, 4 weeks apart. Give SC. If born before 1957, 1 dose. Two doses for all HCP during mumps outbreak.</td>
</tr>
<tr>
<td>Varicella</td>
<td>HCP with no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td>Tetanus/diphtheria/acellular pertussis</td>
<td>All HCP need Td every 10 years after completing a primary series. Give 1 dose of Tdap IM, if direct patient contact, prioritize HCP in contact with pts. &lt;12 mos.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Give 1 dose to microbiologists who are routinely exposed to cultures of N. meningitidis.</td>
</tr>
</tbody>
</table>
Hand Hygiene
CLEAN HANDS SAVE LIVES
Protect patients, protect yourself

Alcohol-rub or wash before and after EVERY contact.

www.cdc.gov/handhygiene

• www.cdc.gov/handhygiene
CDC: Hands Need to be Cleaned

- When visibly dirty
- After touching contaminated objects with bare hands
- Before and after patient treatment (before glove placement and after glove removal)
## Hand Hygiene/Antiseptics for Routine Dental Procedures

<table>
<thead>
<tr>
<th></th>
<th>Soap &amp; Water</th>
<th>Anti-microbial Soap &amp; Water</th>
<th>Alcohol-based Hand Rub Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>If hands are visibly soiled with blood, body fluids, or proteinaceous material</td>
<td><strong>YES</strong></td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
</tr>
<tr>
<td>If hands are not visibly soiled</td>
<td><strong>YES</strong></td>
<td><strong>YES</strong></td>
<td><strong>YES</strong></td>
</tr>
</tbody>
</table>
Definitions

- **Handwashing**
  - Washing hands with plain soap and water

- **Antiseptic handwash**
  - Washing hands with water and soap or other detergents containing an antiseptic agent
Hand Sanitizers and Alcohol-Based Handrubs

Benefits and Limitations
Hand Hygiene Technique
Routine Dental Procedures

**Handwashing**
- Wet hands with water, apply soap, rub hands together for at least 15 seconds
- Rinse and dry with disposable towel
- Use towel to turn off faucet

**Handrubs**
- Apply to palm of one hand, rub hands together covering all surfaces until dry
- Volume: based on manufacturer’s instructions

Patients in waiting...
Patient Considerations

- Make available surgical face masks,
- Facial tissue,
- Receptacles for tissues, and
- Hand sanitizer in all patient waiting areas.
Being Prepared

- What kind of emergency and First Aid equipment is needed at the site?
- What is the Post Exposure Management Protocol?
- Does everyone know the Local Emergency Response SOPs?
Mobile Van

Portable Settings
Principle 2
Avoid Contact with Blood and Body Fluids

- Avoid injuries
- Personal Protective Equipment
Critique the infection control...
Hair
Eye and Face Protection
What is wrong with this picture???
Face Masks and Fit – Other Considerations.
Side Shields
PPE and Screenings –
Using Volunteers – other issues
Prevent the Spread of Contamination
Environmental Infection Control
Environmental Surfaces

- Clinical Contact
- Housekeeping
Principle 3 Limit the Spread of Contamination

Use evacuation to control spatter  
Avoid Contamination (touching)
Principle 3 – Limit the Spread of Contamination

Selecting Disinfectants

Manage Clinical Contact Surfaces (Surface Barrier or Clean/Disinfect)
Which is low level and which is intermediate level?

EPA Registered Hospital Disinfectant

EPA Hospital Disinfectant
Barriers and Complex Equipment
Managing the Portable Dental Unit

- Aseptic Management for transport and set-up.
- Maintenance
- Transport - Occupational Health Considerations
  - Lift training
  - Weight limits
  - Containment
Barriers
- Remove
- Replace

VS.

Cleaning and Disinfection
- Disinfectant Sprays
  - Spray
  - Clean/wipe
  - Spray
- Disinfectant Wipes
Managing Clean Supplies
Limit the Spread of Contamination

Household Waste Management

Regulated Waste
Regulated Waste
Making Objects Safe for Use
Principle 4
Make Objects Safe for Use

- Clean, heat sterilize or disinfect reusable patient care items that...
- Monitor processes....
- Contain and dispose of single use items
Reusable Items, Disposable Items or Mix
Instrument Transport Container – Limitations in Portable Settings
Transporting Contaminated Instruments for Offsite Processing
Onsite Instrument Processing on a Mobile Van
Contain and Dispose of Single Use Items
Dispensing Supplies in a Multi-Clinician Environment
Tool for Infection Control in Portable and Mobile Settings
This guidance is based on general principles of infection control and is determined by the provider's level of anticipated contact with the patient's oral mucous membranes (MM), blood or saliva contaminated with blood.

Guidance on Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans

http://www.osap.org/?page=ChartsChecklist
Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans - DRAFT GUIDANCE

The guidance tools are designed to:

- help dental programs determine what factors present challenges to providing safe, quality care and
- make decisions about possible adaptations or the need to select another site to provide services.

Forms are formatted to answer specific questions about the site, personnel and procedures.
The Forms

Answers to the questions on the forms should be analyzed in terms of the level of services to be provided and any special circumstances related to the site or the patient population.

Space is provided on the forms to summarize findings and decisions and create an action plan to overcome any identified challenges.
Tool - Site Assessment

The Site Assessment tool is best used when considering a new site to deliver services, although existing sites also should be assessed to determine possible problems that may have been overlooked or have not yet been addressed.

For mobile vans, questions would relate to both the van and the site where it is parked.
### Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans

<table>
<thead>
<tr>
<th>Name and Type of Setting:</th>
<th>Date of assessment:</th>
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</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Range of Proposed Services:</th>
</tr>
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<tbody>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Acceptable?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### PERSONNEL

- Site personnel available as point person for fielding questions and concerns
- Site personnel available for facilitating follow-up of exposures to infectious agents

#### PHYSICAL

- Reasonably accessible route into/within building to transport equipment and supplies
- Adequate space for equipment (e.g., chairs, lights, sterilizers)
- Adequate space for supplies
- Adequate space for staff movement
<table>
<thead>
<tr>
<th>Considerations</th>
<th>Acceptable?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate space for Patient intake and staging</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Adequate space for Radiographic equipment</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Adequate space for Instrument cleaning and processing or secured holding area</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Adequate space for safe handling of Medical waste (regulated and non-regulated)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Adequate space for Sharps Disposal</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Adequate space for Long and short-term storage</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Non-carpeted areas to provide services</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Availability and close proximity of running water</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Close proximity of electrical outlets that accommodate</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Considerations</td>
<td>Acceptable ?</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>Adequate room lighting</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Waste disposal requirements for regulated and non-regulated waste known and acceptable</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Ability to cover or clean and disinfect environmental surfaces in service area</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Adequate ventilation for disinfectants, etc</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Acceptable housekeeping practices for site and treatment area</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Site restrictions on chemicals, sprays, etc are known and can be accommodated</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Tool - *Determination of Level of Risk*

Prior to using the Checklist, programs should determine the level of risk for transmission of infections and bloodborne diseases both to providers and to those receiving services. This will be different for programs only doing dental screenings versus those providing clinical services.
## Table I. Levels of Anticipated Contact Between Provider and Patients During Oral Health Surveys, Screenings, and Treatment

<table>
<thead>
<tr>
<th>Level*</th>
<th>Mucous Membranes (MM)</th>
<th>Blood or Saliva Contaminated with Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>II</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>III</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

* Adapted from Summers, et al. JADA 1994
Risk Level I

The provider anticipates contact both with the patient’s mucous membranes and blood or saliva contaminated with blood: for example, during composite placement using an air-water syringe.
Risk Level II

- Contact with the patient’s mucous membranes, but not with blood or saliva contaminated with blood
  - Oral health survey that includes using a mouth mirror and dental explorer, fluoride varnish application or sealants.
  - Use of an air/water syringe, however, would raise risk to a Level I.
Risk Level III

No contact with the patient’s mucous membranes or blood or saliva contaminated with blood

- Oral health screening limited to a visual inspection of the oral tissues
- Using a disposable tongue blade or mirror for retraction or an explorer to only check a tooth surface for sealants.

www.wuortho.com/palo-alto-community.html
PPE and Screenings –
Using Volunteers – other issues
Tool- *Match IC Principles to Level of Risk*

Once the level of risk has been ascertained, match the 4 Basic Principles to the Levels of Risk to determine which of the three Checklist columns to use and next steps.
<table>
<thead>
<tr>
<th>Principles of Infection Control</th>
<th>Level I Contact with MM and Blood or Saliva with Blood</th>
<th>Level II Contact with MM No Blood or Saliva with Blood</th>
<th>Level III No Contact with MM, Blood or Saliva with Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Take action to stay healthy</strong></td>
<td><strong>Immunizations</strong></td>
<td><strong>Hand hygiene</strong></td>
<td><strong>Checklist 1</strong></td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if not immune</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Vaccine preventable</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Annual Influenza</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hand hygiene</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>2. Avoid contact with blood</strong></td>
<td><strong>Personal Protective Equipment (PPE)</strong></td>
<td><strong>Avoid injuries</strong></td>
<td><strong>Checklist 1</strong></td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Surgical Masks</strong></td>
<td>Yes</td>
<td>Yes, if spray/spatter expected</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Protective eyewear or chin-length face shield</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Gowns/long sleeve outer clothing</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Avoid injuries</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Handling sharp instruments</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Written policy with exposure control plan</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>3. Limit the spread of blood</strong></td>
<td><strong>Control contamination, e.g., high volume evacuation</strong></td>
<td><strong>Waste handling</strong></td>
<td><strong>Surfaces</strong></td>
</tr>
<tr>
<td><strong>Control contamination, e.g., high volume evacuation</strong></td>
<td>Yes</td>
<td>Yes (non-regulated and possibly regulated)</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Waste handling</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Surfaces</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Barrier protect or clean and disinfect between patients</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>4. Make instruments safe for use</strong></td>
<td><strong>Instruments</strong></td>
<td><strong>Checklist 1</strong></td>
<td><strong>Checklist 2</strong></td>
</tr>
<tr>
<td><strong>Instruments</strong></td>
<td>Dispose or heat sterilize</td>
<td>Dispose or heat sterilize</td>
<td>Dispose or heat sterilize</td>
</tr>
</tbody>
</table>

1. Checklist 1 is used for all levels.
2. As necessary for spray/spatter.
3. As necessary for spray/spatter.
4. As necessary for spray/spatter.
5. Optional if spray/spatter expected.
Tool - Draft Infection Control Checklist

All programs should meet the minimum requirements based on the Centers for Disease Control and Prevention’s (CDC) Guiding Principles of Infection Control

Use the appropriate column to help inform your provision of safe dental care to your particular program
<table>
<thead>
<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>INFECTION CONTROL PRACTICE</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Hand Hygiene, Continued</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If not, are alcohol-based hand sanitizers available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is staff properly trained in the use of alcohol handrub products?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Personal Protective Equipment (PPE) (e.g., gloves, masks, protective eyewear, protective clothing)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wear mask if have respiratory infection</td>
<td>Is there a protocol that outlines what PPE are worn for which procedures?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is PPE storage available and close to care?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Are facilities available to disinfect PPE (DHCP eyewear, patient eyewear, heavy duty utility gloves)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>As necessary</td>
<td>Environmental Surfaces: Clinical Contact Surfaces (e.g., light handles and countertops)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is there a list of what surfaces will be cleaned, disinfected or barrier protected and the process and products to be used?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>If chemical disinfectants are used, is there a protocol for how they are managed, stored and disposed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Housekeeping Surfaces (e.g., floors, walls)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is there a list of which housekeeping surfaces will need to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level I</td>
<td>Level II</td>
<td>Level III</td>
<td>INFECTION CONTROL PRACTICE</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Infection Control Program Operating Procedures</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is there a written infection control program?</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>Is there a designated person(s) responsible for program oversight?</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>Are there methods for monitoring and evaluating the program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is there a training program for dental health-care personnel (DHCP) (initial and ongoing) in infection control policies and practices?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Immunizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are DHCP adequately immunized against vaccine-preventable diseases? Immunizations should meet or exceed federal, state and local guidelines. (May not be necessary for screenings)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Only if DHCP</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Annual Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Additional immunizations needed for program:</td>
<td></td>
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<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Hand Hygiene</td>
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<td></td>
<td>Are sinks available close to the area where care is provided?</td>
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<tr>
<td>Level I</td>
<td>Level II</td>
<td>Level III</td>
<td>INFECTION CONTROL PRACTICE</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Safe Handling of Sharp Instruments and Devices</td>
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<td></td>
<td>Are DHCP trained in the safe handling and management of sharps?</td>
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<td></td>
<td>Are sharps containers safely located as close as possible to the user?</td>
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<td></td>
<td>Is there a written protocol for transporting and disposing of sharps and sharps containers?</td>
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<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Management and Follow-Up of Occupational Exposures</td>
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<td>Is there a written policy and procedures manual for post-exposure management?</td>
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<td>Is there a designated person responsible for post-exposure management?</td>
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<td>Is there a mechanism to document the exposure incident?</td>
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<td>Where is the closest medical facility for wound care and post-exposure management?</td>
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<td></td>
<td>Is there a mechanism to refer the source and DHCP for testing and follow-up?</td>
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<td>Is there a mechanism for expert consultation by phone?</td>
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</tbody>
</table>
PLEASE NOTE, if you wish to assist the taskforce by field-testing this draft information, you may download the draft documents from the OSAP website. **Please return completed forms** to the Project Director, **Beverly Isman RDH MPH ELS** by:

- **fax:** +1 (530) 759-7089 or
- **email:** bev.isman@comcast.net

OSAP will officially launch the new Guidance at the Organization's annual symposium **June 10-13** in Tampa, FL.
The Draft

DRAFT Guidance on Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans

http://www.osap.org/?page=ChartsChecklist
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- Andrea Hight

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- Catherine Hough
- Theresa Mayfield
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- Sheila Strock
- Janet Yellowitz
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References


Summers C, et.al. **Infection Control for Screening and Surveys.** *JADA* 1994;125:1213-.

Summers, Chet, **Practical Infection Control for Dental Sealant Programs in a Portable Dental Care Environment** Presented at the National Public Health Dental Sealant Program Conference Friday, August 26, 1994. Columbus OH
References

- Carter Nancy, et.al., *Seal America The Prevention Invention, 2nd Edition* 2007 (in association with the American Association of Community Dental Programs and National Maternal and Child Health Resource Center)
  
  Available at: [http://www.mchoralhealth.org/seal/](http://www.mchoralhealth.org/seal/)


- US AIR FORCE Dental Infection control Program check-up  
  
  
  Available at: [http://www.osap.org](http://www.osap.org)
Distance Learning - Education & Training Resources

- 7 module distance learning continuing education program

**Ohio Safety Net Dental Clinics Distance Learning Program**  [http://www.ohiodentalclinics.com/](http://www.ohiodentalclinics.com/)
- *School-based sealant programs – Module 2 Infection Control*
  - [http://www.ohiodentalclinics.com/curricula/sealant/mod2_0.html](http://www.ohiodentalclinics.com/curricula/sealant/mod2_0.html)
School and Community-Based Sealant Program Resources

**CDC - School-Based Dental Sealant Programs**
http://www.cdc.gov/oralhealth/topics/dental_sealant_programs.htm

* Preventing Dental Caries Through School-Based Sealant Programs: Updated Recommendations and Review of Evidence,*"* Journal of the American Dental Association,* November 2009, provides guidance to school-based sealant programs.

These recommendations are designed to guide practices of state and community public health programs for planning, implementing, and evaluating school-based sealant programs, as well as to complement the American Dental Association Council on Scientific Affairs’ evidence-based clinical recommendations for sealant use* published in 2008.
“The Effectiveness of Sealants in Managing Caries Lesions,”* Journal of Dental Research. February 2008. This study shows that if sealants are placed over early tooth decay, they will stop early decay from becoming a cavity. This information should lessen concerns about accidentally sealing over decay.

“The Effect of Dental Sealants on Bacteria Levels in Caries Lesions: A Review of the Evidence,”* Journal of the American Dental Association. March 2008. This study shows that sealing over tooth decay lowers the number of bacteria in the cavity by at least 100-fold.

“Exploring Four-Handed Delivery and Retention of Resin-Based Sealants,”* Journal of the American Dental Association. March 2008. For sealants to work, they must stay in place or be retained on the tooth. This study concludes that having a dental assistant help the dental professional place the sealant (four-handed technique) may improve sealant retention.

"A Comparison of the Effects of Toothbrushing and Handpiece Prophylaxis on Retention of Sealants,"* Journal of the American Dental Association. January 2009. This study shows that cleaning the tooth's surface with a toothbrush before applying dental sealants resulted in sealant retention at least as high as when a hand piece was used.

"Caries Risk in Formerly Sealed Teeth,"* Journal of the American Dental Association. April 2009. This study shows that teeth with fully or partially lost sealants did not have a higher risk of developing a cavity than teeth that were never sealed.
Oral Health in America: A Report of the Surgeon General. This U.S. Surgeon General's report was the first to focus on oral health provides an overview on effectiveness of sealants and public health strategies to provide sealants to children in community settings.

Sealant Efficiency Assessment for Locals and States (SEALS) is a tool that states and communities can use to determine the effectiveness and efficiency of their school-based or school-linked sealant programs.

Seal America: The Prevention Invention* is an online manual designed to assist health professionals initiate and implement a school-based dental sealant program.

School-Based Dental Sealant Programs in Ohio. A five-part, distance-learning course provided to further understanding of the history, operations, and underlying principles of Ohio’s school-based dental sealant programs. Available at: http://ohiodentalclinics.com/curricula/sealant/index.html

CDC Expert Workgroup on School-Based Dental Sealant Programs. Members of the CDC-sponsored expert workgroup.
OSAP Resources


  Available at: http://www.osap.org

- First Do No Harm, Infection Control in Practice, Vol. 9, No. 5, Nov 2010.
Your Comments